

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720249

1. Entity Name

GIRLS INCORPORATED OF LAKE LAND, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90009 041 ****70.00

Principal Place of Business

1220 W. HIGHLAND ST.
P.O. BOX 1975
LAKE LAND FL 33802-1975

Mailing Address

1220 W. HIGHLAND ST.
P.O. BOX 1975
LAKE LAND FL 33802-1975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7101551

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS-FIELDS, KAY
1015 WEST 13TH STREET
LAKE LAND FL 33805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FREEBERN, SUSAN
STREET ADDRESS 5853 8 POINT LANE
CITY-ST-ZIP LAKE LAND FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME NICHOLAS, ELENA
STREET ADDRESS 126 E MAXWELL ST
CITY-ST-ZIP LAKE LAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME GOLENO, TERRI
STREET ADDRESS 1921 DEL CREST PLACE
CITY-ST-ZIP LAKE LAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BUSH, JENNIFER
STREET ADDRESS 120 KENWITH ROAD
CITY-ST-ZIP LAKE LAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME OLINGERS, TERESA
STREET ADDRESS 4511 CINDY ROAD
CITY-ST-ZIP LAKE LAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)